MARGIN RESERVED FOR BINDING

B. No.

N. B.

Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 INK-THIS UNFADING Important. See instructions on back of certificate. PLAINLY, WITH

Village or City Prestaw (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

 St		 W	a	rd	1	

Elt death occurred lo a hospital or institution, give its NAME instead of street and number.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
u se	ubum (a) 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, OR OIVERCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY ERTIFY, that I attended deceased from
6 D	ATE OF BIRTH (Month) (Day) (Pear)	that I last saw h alive on , 191
AC	If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
(a) par	CCUPATION Prade, protession, or ticular kind of work Geogral nature of industry,	Linkonson
busi while BI	RTHPLACE tate or country)	Contributory 3 2000 (Secondary)
ENTS	10 NAME OF Mortin alamo 11 BIRTHPLACE OF FATHER (State or country) M.	(Signed)
PAR	12 MAIDEN NAME OF MOTHER Clora Free! 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
	(Informant) Kursun alanu	Where was disease contracted, it not at place of death? Former or usual residence.
5	(Address) Liston	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUEEPPEBAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purseral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; ter" is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1918
BUREAU, V.S.

T. B. No. 1.

PLACE OF DEATH 10867	STATE OF MARYLAND
10001	CERTIFICATE OF DEATH
County Caralust	Registration Dist. No. 62
Village or City Westlaw (No	St.; Ward) [If death occurred le a hospitat or institution give lis NAME instead
FULL NAME Parchel m	of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH
Remale White States	(Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
24.50le 111 1913	aug 24, 191 3, to aug, 24, 1913,
(Month) (Day) (Year)	that I last saw her alive on aug 24 191
7 AGE If LESS than	and that death occurred on the date stated above, atm,
vrs. 5 mas. // ds. ORmin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	10/1 p ff
(a) Trade, profession, or	Wolerd Lufaulluw
particular kind of work	
(b) General nature of industry, business, or establishment in	(Duration)yrs,mos,ds
which employed (or employer)	
9 BIRTHPLACE (State or country) Mars land	(Secondary) (Derailed yrs mos ds
10 NAME OF FATHER	(Signed) Lawyaw O. Lloyge M. D.
o) 11 proting	ang 25 , 191 3 (Address) Butter mid
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF MOTHER S	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
(State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If oof at place of death?
(Informant) Flarry Unithany	Former or usual residence.
(Address) Denton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Deulon Genteren 24, 1913
0/01 2 /1 /2 1 - 00 1	20 UNDERTAKER ADDRESS
Filed 8 1917 D LUVY 92 MARGISTRAR	O Vingil march Deutens
If more blanks are needed, address State Registra	r, E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarrlage, as "PUERPERAL septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Mara" thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . "Contributory." Accidental drowning; Struck by railway train-aectzer" is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 (secondary or intercurrent) (name origin; "Can "Exhaustlon," Never report Examples: cause for For VIO-

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BUREAU, V. S.

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(SICIANS should state OCCUPATION Is very PHYSICIANS RECORD be ö DEAT 9 CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH 10868 CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED, ORDIVORCED HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 29,1913 to aug that I last saw her alive on deed 30 (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ______m, 1 day,hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trada, profession, or Delword que particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or amployar) Contributory_ 9 BIRTHPLACE (State or country) Secondary 10 NAME OF ARENTS 11 BIRTHPLACE U. 191. 2 (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death yrs. mos. ds. (State or country) State _____ yrs ___ mos. Where was disaasa contracted, If not at place of death? usual residence DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

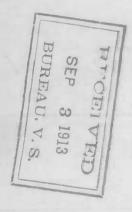
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be snfficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[It death occurred in St.:....Ward) a hospital or Institution. give its NAME instead of street and number.]

16 DATE OF DEATH (Month) (Year) (Day) I HEREBY CERTIFY. That I attended deceased from (Duration) Contributory (Secondary) (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

MEDICAL CERTIFICATE OF DEATH

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

In the yrs. mos. Slate yrs mos. Where was disease contracted.

It not at place of death?

usual residence

DATE OF BURIAL 25 191 0 ADDRÉSS

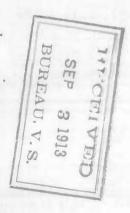
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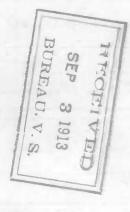
STATE OF MARYLAND PLACE OF DEATH 10870 CERTIFICATE OF DEATH Registration Dist. No lif death occurred is St.:....Ward) a hospital or institution, give its NAME instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) 17 I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State yrs, mcs, ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Begistrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engincer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using disease the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dcnt; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ver" is less definite; avoid use of "Tumer" for malignant neoplarms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 State cause for or as probably Never report Examples: For vio-



STATE OF MARYLAND CERTIFICATE OF DEATH CCUPATION Registration Dist, No It death occorred in PHYSICIANS -Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT EXACTLY 16 DATE OF DEATH MARRIED (Month) (Day) tte the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month (Day) TAGE If LESS than and that death occurred on the date stated above, at day,....hrs. OR min. ? ds. BOCCUPATION AGI (a) Frade, profession, or (b) General nature of Industry, supplied. business, or establishment la ADING may which employed (or employer) -----SF Contributory (Secondary) certificate. State or country that NO 0 ARGIN . 101..... terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER 2 At place In the of death _____ yrs. ___ mos. ___ ds. (State or country State yrs, ____ mos. DEATH Where was disease contracted. Inf It not at place of death? 0 Item 上の Every item CAUSE OF Important. usual residence. 15 MOERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Iretired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In all primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails ture of the American Medicai Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For vio-



V. S. No. 1.

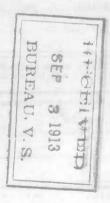
	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
C	ounty Caroline 10872	Registration Dist, No. 67
V	'illage or City Harmony (No, Pobers	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, Levelower ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 0	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Ting 12, 1913, to aug 14, 1913, that I last saw biggalive on aug 14, 1913
7 A	GE If LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, at 3. 30 G, m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus whi	CCUPATION) Frade, profession, or influent kind of work the configuration of industry, siness, or establishment to lich employed (or employer) IRTHPLACE State or country) TRANSPORTED TO THE COUNTRY OF THE COUNTRY O	(Duration) yrs. b mos. ds. Contributory Had Lune and dieleries (Secondary)
RENTS	11 BIRTHPLACE OFFATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) Just Survey (Diraflon) Just Mos. ds. (Signed) Just Survey (Signed) Just Survey (Signed) Mos. ds. (Signed) Just Survey (Signed) Just Survey (Signed) Mos. ds. (Signed) Just Survey (Signed) Just Survey (Signed) Mos. ds. (Signed) Just Mos. ds. (Signed) Just Survey (Signed) Mo
PAR	13 BIRTHPLACE OF MOTHER (State or country) Many Land	16 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place of death yrs. mos. ds. State yrs. mos. ds.
147	Informant Law Lean	Where was disease confracted, If not at place of death? Former or usual residence.
15 Fil	led aug 31, 1913 John Bustadway REGISTIGAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEPLOY DESTRUCTION OF THE PROPERTY ADDRESS L. Transfitzer Ton Hellevaldung
	If more blanks are needed, address State Ravistra	F & E. Franklin St Polito Bonnesting V C No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specicausing death, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purperal septichaecause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accihart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



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DEATH

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. .Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Wedver (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH mus (Day) (Month) 7 AGE If LESS than on the date stated above, at 1 day,hrs. as follows: OR min. ? BOCCUPATION (a) Frada, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted, If oot at place of death? usual residenca. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

[It death occurred in

a hospital or institution

give its NAME lostead of street and number. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Meaithfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Salcsman, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

genitai," sepsis, tetanus) may be stated under the head or injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaccause. Always qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of __ "hart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 23 1913
BUREAU. V.S.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING IS FOR UNFADING INK-THIS RESERVED WRITE PLAINLY, WITH MARGIN No. 1.

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County Graliule 10873	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 63
Village or City (No. (No.)	St; Ward) a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unil Cronn M. (Single, Married, Widowed, Widowed, Write the word)	16 DATE OF DEATH (Mon(h) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Stallve on Dell Borned
The Sore 1 day, hrs. mos. ds. or min.?	and that death occurred on the date stated above, at
(a) Frade, profession, or particular kind of work. (b) General nature of industry,	Mullion
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory 2 200 (Duration) yrs mos ds. (Secondary) (Secondary) yrs mos ds.
10 NAME OF FATHER Shu W Hus Ces. 11 BIRTHPLACE OF FATHER (State or country)	(Signed) , 1913 (Address) Prestage
12 MAIDEN NAME Edich Morgan	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Mukes	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed aug 4, 1913 Esa B. Sarsis	20 UNDERTAKER DUSERS PROPERTY
	r, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: But in many (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purregrat septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAE, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:



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N. B

PERMANENT UNFADING INK-THIS PLAINLY, WITH

RECORD

PHYSICIANS should state of OCCUPATION Is very Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement Important. See instructions on back of certificate.

PLACE OF DEATH





STATE OF MARYLAND

C	ounty Caroline	CERTIFICATE OF DEATH
	0.	Registration Dist. No. 60
٧	illage of Cito Colors (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Walfullallie	Eller of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
381	Male While (Wriethe word)	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY That I attended deceased from
6 D	ATE OF BIRTH Month (Month) (Day) (Year)	that fast saw h water on Rug 15 1913.
7 A		and that death occurred on the date stated above, at 1020 m. The CAUSE OF DEATH* was as follows:
pai (b) bus	CCUPATION Dirade, protession, or riticular kind of work	(Dyration) yrs. mos. ds.
-	RTHPLACE tate or country) Williams for Del	Contributory (Secondary) (Ouration) yrs. / mos. ds.
ARENTS	10 NAME OF FATHER CALIFORNIA COLLEGE 11 BIRTHPLACE OF FATHER (State or country) Caroline 12 MAIDEN NAME OF MOTHER	(Signed)
D.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT RESIDENTS) At place In the of death
	(Informant) Mrs lealing Elliott	Former or usual residence
16	(Address) & OG N Harrison st Wilmangles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MALLELY S

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home who are engaged in the been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid death of "Croup"); Typhoid fever (never report "Typhoid definite); Tubercuelossis of lungs, meninges, peritonaeum, etc., Carcinlossis of lungs, peritonaeum, etc., Carcinlossis of lungs, meninges, peritonaeum, etc., Carcinlossis of lungs, peritonaeum, etc., Carcinlossis of

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," 'thenla," "Anaeınla" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis. ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "As-(name orlgin; "Can death), 29 ds.; Examples:



of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

Every item of Information should CAUSE OF DEATH in plain terms Important. See instructions on bac

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PHYSICIANS should state of OCCUPATION IS very

RECORD

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WITH

PLAINLY.

WRITE

1 PLACE OF DEATH

10075

STATE OF MARYLAND CEDTICICATE OF DEATH

County Cler Will 10010	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City willsom (No.	St.; Ward) [It death occurred in a hospital or institution,
on U	give its NAME instead of street and number.]
FULL NAME / MANY TOV	man
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH (119
Timule Mill ORDIVORCED (Write the word)	(Month) (Day (Year)
G DATE OF BIRTH	I HEREBY CERTIFY. That I attended deceased from
min (?) 1876	July (2), 1913, to 201, (2), 1913,
(Month) (Day (Year)	that I fast saw h
7 AGE 3 7 2 It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	(Intered Regional
(a) Trade, profession, or particular kind of work Pashangan	
(b) General nature of industry, business, or establishment in	3
which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
100	(Qurathon) yrs mos ds.
10 NAME OF Shrand Hamslin	(Signet) Stranger M. D.
11 BIRTHPLACE OF FATHER	8-12, 191 3 (Address) Hillsbond
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident
M 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HUMICIDAL,
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos, ds
14 THE ABOVE IS TROE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Mille noticem	It not at place of death?
(Informant)	usual residence
(Address) Allson his	19 PLAGE OF BURIAL OR REMOVAL PATE OF BURIAL
16 5 100 6 6 10 10	John B-13 1913

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term ou the Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never state occupation at beginning of illreturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train-accimia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of (secondary), 10 ds. "Dropsy," "Exhaustiou," Never report For vio-



BINDING	
FOR	
RESERVED	
MARQIN	

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

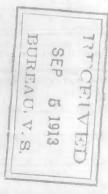
PLACE OF D County County De	EATH 1085	(8)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution.
² FULL NAME	Potal Ch	Bake	The Harvey give its NAME instead of street and number.]
PERSONAL AND	STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR DEmale 2/2 GDATE OF BIRTH	OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the wor	Sugle de 1913	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) (Year)
7 AGE	(Month) (Dey)	(Year) If LESS thao 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, er particular kind at work (b) General nature of industry, business, or establishment in which employed (or employer)	mare		(Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country)	Thairman	- 3m	Contributory (Secondary)
OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	n Harrey Marylale	d	(Signed) (Deration) A yrs mes ds. (Signed) (Address) Preston *State the Dismass Causing Dmath, or, in deaths from Violent Causes, state (1) Mmans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO	Mary Law THE BEST OF MY KNOW!	LEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs, mos, ds. Where was disease contracted, if oot at place of death?
(Address) (Address) Filed Carry 15 1912		MASSON REGISTRAR	Former or usual residence. 19 place of Burial or Removal Date of Burial 20 undertaken Continue Appess 20 undertaken Session Ind. 1, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIANS should state of OCCUPATION Is very RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) BINDING Exact stated 6 DATE OF BIRTH properly classified. 4 (Month) (Day) (Year) pe If LESS that 7 AGE IS should FOR 1 day,hrs -THIS BOCCUPATION AGE (a) Trade, protession, or RESERVED INK particular kind of work..... carefully supplied. (b) General nature of Industry. business, or establishment in UNFADING which employed (or employer) 9 BIRTHPLACE (State or country) certificate. 10 NAME OF FATHER 80 0 MARGIN be 11 BIRTHPLACE DEATH in plain terms, see Instructions on back ENT OF FATHER (State or country) Information should PLAINLY. AR 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOVE IS KNOWLEDGE See o CAUSE OF (Intermant) Important. (Address) 15 m REGISTRAR ż more bisnks are needed, address State Registrar, & E. Franklin St. Balto., Requesting V. S. No. 1.

10877

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

Ili death occurred in a hospital or Institution, give its NAME instead of street and number.]

	CERTIFICATE OF		,
16 DATE OF DEATH	al44-	300	1916
	(Month)	(Day)	(Year)
THEREBY	CERTIFY, That I	attended des	eased fro
My - 191	, to 049	300	191
at I last saw hell ally	aux	12/10	10, 6
			2000
that death occurred on	the date stated s	bove, at	0 0,
& CAUSE OF DEATH * W	as as follows:		
Maly	0 10		
			
** 			******************
	(Dunadlan)		
	(Duration)	yrsm	105
(Secondary)			***********
3	(Beretlen)	Numb me	
7.000	Mulion)	JI S	rusu
1009)		1-	, M.
My 3/11, 191 (Ad	dress)	lig :	120 V
State the DISEASE CAU	SING DEATH, ON I	deaths from	VIOLENT
	OF INJURY : and	(2) whether	ACCIDEN-
CAUSES, state (1) MEANS	DAL		
CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI	DAL.		Ta
CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI BLENGTH OF RESIDENCE OR RECENT RESIDENTS)	DAL.	STITUTIONS,	TRANSIENT
CAUSES, STATE (1) MEANS TAL, SUICIDAL, OF HOMICI BLENGTH OF RESIDENCE OR RECENT RESIDENTS)	DAL. (FOR HOSPITALS. II ÎN îhe	• ./	
CAOSES, STATE (1) MEANS TAL, SUICIDAL, OF HOMICI BLENGTH OF RESIDENCE OR RECENT RESIDENTS) place death yrs mos	DAL. (FOR HOSPITALS. II ÎN îhe	yrs,	
CAUSES, STATE (1) MEANS TAL, SUICIDAL, OF HOMICI SLENGTH OF RESIDENCE OR RECENT RESIDENTS) t place I death yrs mos there was disease contracted, not at place of death?	DAL. (FOR HOSPITALS. II ÎN îhe	• ./	
CAUSES, STATE (1) MEANS TAL, SUICIDAL, OF HOMICI 8 LENGTH OF RESIDENCE OR RECENT RESIDENTS) t place f deathyrsmos //here was disease contracted, f not at place of death? ormer or	DAL. (FOR HOSPITALS. II ÎN îhe	• ./	
CADSES, STATE (1) MEANS TAL, SUICIDAL, OF HOMICI 8 LENGTH OF RESIDENCE OR RECENT RESIDENTS) It place If death	DAL. (FOR HOSPITALS, In the ds. State	yrs, n	nės d
CADSES, STATE (1) MEANS TAL, SUICIDAL, OF HOMICI BLENGTH OF RESIDENCE OR RECENT RESIDENTS) t place f death yrs mos //here was disease contracted, f not at place of death? former or	DAL. (FOR HOSPITALS, In the ds. State	• ./	nos d
CAUSES, STATE (1) MEANS TAL, SUICIDAL, OF HOMICI 8 LENGTH OF RESIDENCE OR RECENT RESIDENTS) t place I death yrs mos there was disease contracted, i not at place of death? ormer or sual residence	DAL. (FOR HOSPITALS, In the ds. State	yrs, n	nos d

[Approved by U. 8. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purrperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "H art failure," "Haemorrhage," "Inanition," "Maras. "Colianse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: cause for



No. 1. 02

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PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. stated properly classified. d 2 should UNFADING INK-THIS AGE of information should be carefully supplied. DEATH in plain terms, so that it may be a see instructions on back of certificate. PLAINLY, WITH CAUSE OF Important, S

V

1 PLACE OF DEATH County Caroling

10878



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist.	No.
illage or City Goldsboro (No.		[It death o

Elberta Hubbard

occurred in a hospital or Institution, give Its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX Jemai	4 COLOR OR RACE Single, MARRIED, WIDDWED, OR DIVIDENCE TO Write the word)	16 DATE OF DEATH (Month) (Day (Year)	
6 DATE OF BIRTH 7 15-,1913		17 I HEREBY CERTIFY, That I attended deceased from	
7 AGE	(Month) (Day (Year) It LESS than 1 day,	and that death occurred on the date stated above, at	
particular k	orotession, or find of work	Jan of dead	
business, or which emplo	I nature of Industry, r establishment In yed (or employer)	(Ouration) yrs mos ds.	
	maryland maryland	Secondary (Duration) yrs mos ds	
() 11 m	RTHPLACE Harry Hubbard.	(Signed) Molocoper Cocal Log , W. U. 8 24 , 1913. (Address) Joldson	
12 MA	of FATHER State or country) masyland AIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
13 BH	RTHPLACE F MOTHER State or country) BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,	
(Informant) Harry Hulberg		If not at place of death? Former or usual residence.	
15	194 1913 W. La Cooper	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STATEMENT STATEMENT ADDRESS ADDRESS	
		trar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopmeumonia pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Causepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

county leastine 10879	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Bethelham (No.	St; Ward) [If death occurred is a hospital or lostitulion give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female What Single, Married, Married, Wilder of BIRTH Wash 24 1835	16 DATE OF DEATH august 30 ch , 191.3. (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from here. 2 5 , 191.1., to Jan. 1.4 k, 191.2.
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin. ?	that I last saw here slive on Jan '9 th, 191 2 and that death occurred on the date stated above, at 6 Pm. The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mew Jersey	Contributory (Secondary) (Ouration) / yrs. 3 mos. 2 ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF GOT OF THE CONTROL	(Signed) G. C. Herring, M. D. aug. 31, 1913. (Address) Dentil, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ef death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Bethelham: Filed aug 3 (1912 Blas B. Hamson Social REGISTRAR	19 place of Burial OR REMOVAL DATE OF BURIAL St. Pauls Nor. Co M. Sepat. 1, 181.3 20 UNDERTAKER H. H. Welloughly How Herbock has
If more blanks are accided, address State Registral	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at heginning of illness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Grocery; (a) Poreman (b) Automobile factory. The essary to know cases, especially in industrial employments, it is nec-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

etc., when a definite disease can be ascertained as the cause. Aiways qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purrerral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla schsis, tetanus) may be stated under injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



RECORD PERMANENT T certifica 50 back u o Instructions DEAT 50 OF mportant. Every Ite

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.:...Ward) a hospitaj or institutioo. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, Sung (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191....., to... alive on (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory..... Secondary BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. TO THE BEST OF MY KNOWLEDGE If not at place of death? usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secoudary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for Never report For vio-



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N.B

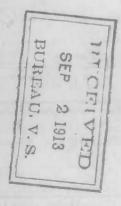
Ounty Caroline 10881	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Kedy Ely Brd (No	St.; Ward) a hospital or institution, give lts NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female negro Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Qug. 1913 (Youth) Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
July 25- (Mghth) (Day (Year)	aug 7, 1913, to 1915, that I last saw h. ev alive on aug 7, 1913
TAGE If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows: Ly lunsleve
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Carroline Cen.	Contributory Whorking - Lough, Secondary
10 NAME OF Elwore Johnson 11 BIRTHPLACE OF FATHER (State or country) Queen annés Co. 12 MAIDEN NAME OF MOTHER Alice. Drekenson.	(Signed) (Duration) yrs mos ds. (Signed) (No. 1) (No.
13 BIRTHPLACE OF MOTHER (State or country) Couroling Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
(Informant) Elmore Johnson (Address). Ridgely Ind.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL
File (Aug \$191.3) REGISTRAR 2	20 UNDERTAKER ADDRESS DUCTOR
If mere blanks are needed, address State Regist	trar, 6 Q. Franklin St., Calto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The

10818 pneumonia"); ("Pneumonia," "Croup";) prosbinar fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of Typhoid fover (never report "Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is Indefinite): Tubercu-Carcin-

> mia," "PUERPERAL peritonitis," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The coutributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) etc. State cause for



RECORD PERMANENT EXACTLY. RESERVED UNFADING INK-MARGIN

N. B.—Every

	2FULL NAME not namel.	Johnson
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER
3 SE	rale negro single, Lingle MARRIED, WIOWEO, ORDIVORED (Write the word)	16 DATE OF DEATH (17 I HEREBY CER
6 DA	ATE OF BIRTH aug 24, 1913 Month) (Day (Year)	that I last saw h all le on
-		and that death occurred on the
7 A G	yrsmos2 ds. t day,hrs.	The CAUSE OF DEATH* was
8 oc (a) par (b) busi	t day,hrs.	The CAUSE OF DEATH* was
8 oc (a) par (b) busi	t day,hrs. ORmin.? CCUPATION Trade, profession, or ticular kind of work. General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country) Manyland,	The CAUSE OF DEATH* was
8 OC (a) par (b) busi white	t day,hrs. ORmin.? CCUPATION Trade, profession, or relicular kind of work. General nature of industry, iness, or establishment in chemployed (or employer) RTHPLACE (State or country) MAME OF Robert Johnson	Contributory Corry Secondary (Signed)
8 OC (a) par (b) busi white	t day,hrs. ORmin.? CCUPATION Trade, profession, or tilcular kind of work. General nature of Industry, ness, or establishment in chemployed (or employer) RTHPLACE (State or country.) MANGE OF OR	Contributory Secondary (Signed) State the Disease Causin
8 oc (a) par (b) busi	t day,hrs. ORmin.? CCUPATION Trade, profession, or tilcular kind of work. General nature of Industry, ness, or establishment in chemployed (or employer) RTHPLACE (State or country.) MAME OF FATHER Robert Johnson 11 BIRTHPLACE OF FATHER	Contributory Congressions (Signed) State the Disease Causin Causes, state (1) Means of Tal, Suicidal, or Homicidal.
ARENTS IN SO	t day,hrs. ORmin.? CCUPATION Trade, profession, or flicular kind of work. General nature of industry, lness, or establishment in the employed (or employer) RTHPLACE (State or country) MAME OF FATHER Robert State or evantable 11 BIRTHPLACE (State or evantable) A Slaware 12 MANUALES AND	Contributory Seeondary (Signed) *State the Disease Causin Causes, state (1) Means of TAL, Suicidal, or Homicidal.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

STATE OF MARYLAND OF DEATH

n Dist. No. 66

[If death occurred in

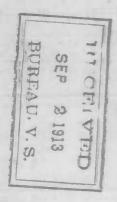
Johnson Ward)	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH aug	26 , 1913
(Mgoth) 17 I HEREBY CERTIFY, That I aug 24, 191, to au	1.
that I last saw h malive on aug	/ 25 - ,191 3
and that death occurred on the date stated	above, ata, m,
The CAUSE OF DEATH* was as follows:	1
Congruital 4	
J. Extraus	time
Contributory Congruitas	**************************************
(Duration)	yrsmos2 ds.
(Signed) & J. Sund	te , M. D.
aug 26, 191 3. (Address) Rich	y Ely Ind.
*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOSPITALE, OR RECENT RESIDENTS) At place In the of death	NSTITUTIONS, TRANSIENTS,
Booustoro M	ang. 27, 1913
20 UNDERTAKER 12 19 10	ABORESS / 201

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

pneumonla"); CAUSING DEATH (the primary affection with respect to ("Pneumonla." "Croup";) brospinal time and eausation), using always the same accepted fever (the only definite synonym is "Epidemic core-Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria Typhoid Lobar meninges, unqualified, is indefinite): Tubercufever (never report "Typhoid pneumonia; Bronchopneumonia peritonaeum, etc., (avoid use

> "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asample: Meastes by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for maligtetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; Never report For vio-



MARGIN RESERVED FOR BINDING

SICIANS should OCCUPATION IS PHYSICIANS RECORD 10 ERMANENT Exa classified. pe pinous roperly AGE Z supplied. pe may certificate. carefully that it UNE 000 pe back terms, should LO plain instructions information Į, of inform DEATH See 9 Every Item CAUSE OF Important.

13 BIRTHPLACE

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OF MOTHER (State or country

THE BEST

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No .. I'lf dealb occurred inWard) a hospital or lostitution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Mon (Day) OR DIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary (State or country) (Deration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place lo the of death _____ yrs, _____ mos, ____ ds. State ____ yrs, ____ mos, ____ ds.

Where was disease contracted,
If not at place of death?

rormer or usual residence.....

Dinchester Cemeters appless

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronio Interstitial nephritis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-The nature of the Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1913 BUREAU. V. S.

	RECORD	PHYSICIANS should state
T. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Caraline 10884	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62
Village or City Seulan And S	St.; Ward) St.; Ward) St.; Ward) Ward) Ward) St.; And St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Chry 1918, to Graf 5- 1913.
(Monya) (Day) (Year)	that I last saw have allve on Carry 5-, 191
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature ot industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Deration)yrsmosds.
10 NAME OF William Mr. mullen	(Signed) P. Lecler, M. D.
V) 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) 12 MAIDEN NAME Reletee MC mullen	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mary Land	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) White Dar My KNOWLEDGE	Where was disease contracted, It not at place of death? Former or
(Informant)	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed any 7 , 1913 DGO, Grongers 2	20 UNDERTAKER ADDRESS
REGISTRAR	Jorgy Moon Deulow

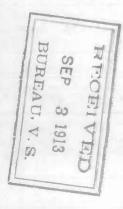
If more blanks are needed, address State Registres, & E. Frank Mr St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc... pneumonia"); fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," brospinal meningitis"); Diphtheria Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercufever (never report "Typhoid (avoid use

> sucb, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the "H art failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemfa" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin: "Can death), 29 ds.: "Exhaustion," Never report Examples: For VIO-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

N. B.-

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County Ourselesse. 10885	STATE OF MARYLAND CERTIFICATE OF DEATH
2 01-1	Registration Dist. No. 60
* FULL NAME Susie Man	St.; Ward) [If death occurred a hospital or institution give its MAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WILLIAM COLOR OF RACE WILLIAM COLOR OF RACE WILLIAM COLOR OF THE WORLD COLOR OF THE WOR	16 DATE OF DEATH (Morth) (Day) (Year) 17 I HEREBY CERTIFY, The I attended deceased from
Odate of Birth (Month) (Day) (Year)	that I last saw her alive on the date stated above, at 2 Pm
grs. mos. ds. or. min.?	The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or empleyer)	Contributory (Secondary)
10 NAMPON Maus peaker M 11 BIRTHPLACE OF FATHER (State or country) / Pure A	(Signed) Tro mos ds
OF FATHER (State or country) Pulled 12 MAIDEN DAMP OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IN THOSE TO THE BEST OF MY KNOWLEDGE Informant)	of death yrs mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
Filed 7/2/ 1913 9V & love REGISTRAR	THE PACE OF BURIAL OR REMOVAL SATE OF BURIAL PACE OF BURIAL
It more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Greeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts of lungs, meninges, peritonaeum, etc.. Carcinoscip

injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train—acci--A art failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples: For vio-



RECORD	PHYSICIANS of OCCUPA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA Important. See instructions on back of certificate.
1 UNFADING INK	s carefully supplied. A so that it may be pro of certificate.
RITE PLAINLY, WITH	Every Item of information should be carefully sup CAUSE OF DEATH in piain terms, so that it ma Important. See instructions on back of certificate.
*	Every item CAUSE OF Important.

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PLACE OF DEATH 10886 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED, Mamuel (Month (Day (Year) (Write the word) I HEREBY CERTIFY That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. ___ ds Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS REGISTRAR f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," But iu many "Foreman," (4)

brospinal meningitis"); Diphtheria kesis of lungs, pneumonia"); Lobar pncumonia; Bronchopneumonia "Croup";) forer (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercumeninges, peritonaeum, etc., fever (never report "Typhoid (avoid use "Epidemic cere-Carcin-

> valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma. etc., of...... (name origin; "Can thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonilis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; State cause for "Exhaustion,"



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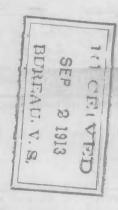
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.:---Ward) a hospital or Institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, (Dav (Year) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. ds. State Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address).... 15 20 UNDERTAKER DORESS If more blanks are needed, address State Registrar, CE. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carein-

naut neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report For vio-



W. B. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

Appropriate the second	
PLACE OF DEATH	STATE OF MARYLAND
County Caralins 10888	CERTIFICATE OF DEATH
County	Registration Dist. No. 62
Village or City Deulon Nord.	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Longe Su	give its NAME lostead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Quy, 27, 1913. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from aug 2, 1913, to aug 27, 1913,
(Month) (Day) (Year)	that I last saw himalive on aufg 37,1913
T AGE If LESS than	and that death occurred on the date stated above, at 970 P, m,
yrs mos ds OR min. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Safanora Hover
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry, business, or establishment lo- which employed (or employer)	(Duration) yrs. mos 25 ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF	(Duration) yrs mos ds.
FATHER	(Signed) (C. Dimmund, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	aug 30, 1913 (Address) Desilve Mids
(State or country) 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CLUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	Former or
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18	Deuton Centary aug 31, 1910
Fileducy 30 1913 & OGeorge My	20 UNDERTAKER ADDRESS

Af more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinology.

ture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train—acci-"Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is icss definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For vio-



state OCCUPATION IS merican (No PHYSICIANS RECORD 0 PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, C Married WIDOWEO, BINDING ORDIVORCED (Write the word) Exact 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE D t dayhrs. OR 7 properly BOCCUPATION 5 (a) Trade, profession, or Z Ш supplied. (b) General nature of industry, business, or establishment in (Duration) O which employed (or employer) UNFADIN Contributory certificate. State or country (Secondary) that 10 NAME OF (Signed) 20 0 back ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER AINL Instructions pla 0 OR RECENT RESIDENTS 13 BIRTHPLACE = At place OF MOTHER (State or country Jaruna yrs. mos. ds. EATH Where was disease contracted. It not at place of death? WRIT 0 Former or usual residence OF CAUSE OF 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

11 more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

If death occurred le a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Dav) EREBY CERTIFY, That I attended deceased from The CAUSE OF DEATH * was as followa: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS in the State yrs. mos. DATE OF BURIAL ADDRES

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) Foreman. (b) Automobile factory. The If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. childbirth or miscarriage, as "Purrement scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



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14 THE ABOVE IS TRUE TO

(Address)

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10890 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. Co. [If death occurred in .Ward) a hospital or institution, give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Dav (Year) 7 AGE If LESS than 1 day,....hrs. The CAUSE OF DEATH* OR min. ? re transles BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS . 191.3. (Address) 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ State _____ yrs ___ mos. (State or country)

REGISTRAR Modern Manual Manual

Where was disease contracted.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If not at place of death?

20 UNDERTAKER

Former or

usual residence

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," essary to know (a) the kind of work and also (b) who have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as daties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stutionary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) As examples: For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic canse of death approved by Committee on Nomencla-"Contributory." mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich snrgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting Measles (disease cansing death), 29 ds.; "Scnile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhanstion," Never report For vio-



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated properly classified. UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. -Every Item of Information should CAUSE OF DEATH In plain terms Important. See Instructions on bac 1 PLACE OF DEATH Caroline

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 66
1100 loci actori		1 2 00 1

/illage	or	City	Ridg	Ely	Inel (No.

ADDRESS

Village or City Lag Ly Mil (No	St.; Ward) a hospital of institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male negro Single, MARRIED, WIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH and 5- 1913 Month) (Day (Year)
G DATE OF BIRTH Oug 5- Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from, 191, to, 191, that I last saw h alive on, 191
TAGE Still Cores, If LESS than 1 day,hrs. BOCCUPATION If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) Riggly Mag.** 10 NAME OF	(Duration) yrs. mos. ds. Contributory Eclampsia 2 months Secondary (Doration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Cearoline C. Md. 12 MAIDEN NAME OF MOTHER CHAPTER CONTROL	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Hack of the Charles

REGISTRAR.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," ctc., without more precise specistatement. material worked ou may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Forcman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomencla-"Contributory." mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), theuia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Meastes; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of lbutory." (Recommendations ou statement of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhanstion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1913
BUREAU, V.S.

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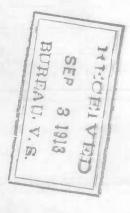
STATE OF MARYLAND PLACE OF DEATH 10892 CERTIFICATE OF DEATH Registration Dist. No. 62 [If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE BEX MARRIEO. 191 WIDOWEO, (Month) (Day) (Year) OR OLVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) (Day) If LESS than 7 AGE 1 day,....hrs. The CAUSE OF DEATH * was as follow BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE (Address) FNI (State or country) *State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-N V 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. State yrs, mcs, ds. (State or country) Where was disease contracted. If not at place of death?-Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 8 b. Franklin St. Balts., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND PLACE OF DEATH 10893 CERTIFICATE OF DEATH Registration Dist, No If death occurred in .Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Day (Year) ORDIVORCED (Write the word) I HERERY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE **OF FATHER** State the DISEASE CAUSING DEATH, or in dotths from VIOLENT CLUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or count 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. State ... Where was disease contracted, 14 THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death? Former or usual residence. DATE OF BURIAL 16 20 UNDERTAKER APORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each aud every persou, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional liue is provided for the latter statement: Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," But in many As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, eic., of..... (name origin; "Can-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. is less defiulte; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

SEP 2 1913
BUREAU. V. S.

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Very PHYSICIANS should state OCCUPATION IS RECORD of statement PERMANENT EXACTLY. Exact stated classified. d be IS AGE should properly class THIS INK carefully supplied. pe UNFADING may so that it WITH of information should be DEATH in plain terms, PLAINLY WRITE

certificate. of instructions on back See CAUSE OF important.

Count

3 SEX

7 AGE

ARENT

15

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work

⁹ BIRTHPLACE (State or country)

14 THE ABOVE IS

(Informant)

10 NAME OF FATHER

OF FATHER (State or country)

12 MAIDEN NAME

(Address)

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(b) General nature of Industry,

business, or establishment in

1 PLACE	OF DEATH	1 '	10894
les	ralu	w	
		~	

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

which employed (or employer)

TRUE TO THE BEST OF

S SINGLE,

MARRIED, WIDOWED,

Write the word)

(Day)



(No.....

If LESS

1 day,.....

KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	ist. No. 63.
Rliney War	[If death occurred is a hospital or institution give its NAME instead of street and oumber.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	. /2
- (Month)	(Day) (Year)
aug 1, 191 3, to a	l attended deceased from
that I last saw h A after off	Jul 30 mer
and that death occurred on the date state	d above, atm
The CAUSE OF DEATH* was as follows:	
musan	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	re live
(Signed) (Buration)	yrs mos ds.
Charles (Address)	nelow
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	in deaths from VIOLENT d (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	. Institutions, Transienta,
At place In the ot death yrs mos ds. State :	VI'S mos. de
Where was disease contracted, If not at place of death?	,
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Creator	Sing 1, 191.3.
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Realthful-Scrvant, Cook, Housemaid, etc. If the occupation has Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as cases, especially in industrial employments, it is necness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic her" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples:



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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	
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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 66

...St.;....Ward)

[If death occurred in a hospital or institution. give its NAME Instead of sfreef and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Glack Single, MARRIED, MARRIED, WIGOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Aug, 22, 1913. (Mysth) (Day (Year)
DATE OF BIRTH Aug 20, 1913 (Month) (Day (Year)	that I last saw h. in slive on
7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 4 0 m, The CAUSE OF DEATH* was as follows: Ex hausting
*OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry,	
9 BIRTHPLACE (State or country) Caroline Co Mil	Contributory Confirmital Washings. 2 ds. Secondary (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Carolice to Mid 12 Maiden NAME OF MOTHER OF MOTHER	(Signed) (Q. C. Survey), M. D. Caug 22, 1913 (Address) Pidy Ely 9nd, *State the Disease Causing Death, or, in fleaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Caroline Co Mill 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs
(Informant) Clexander Smith	former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Class 2 2/913 Back	Doors bor Date of Burial Aug 23 191.3. 20 undertaker Address
If more blanks are needed, address State Registr	ear, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

lesis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonaeum, etc., unqualified. is indefinite): Tubercufever (never report "Typhoid (avold use of "Epidemic cerc-

> aant ueoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Couvulsions," "Debility" ("Couguital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affectiou need not be stated unless important. valvular heart disease; Chronic interstilial nephritis, oma, Sarcomu, etc., of...... (uame origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertakeu. For viomia," "Puerpeeal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal seplichaeetc., when a definite disease can be ascertaiued as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," ruere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snieide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability LENT DEATHS state MEANS OF INJURY and qualify as Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1913
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH - 10896

County Caroline

(8)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

Village or City Successon (No.

...St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

*FULL NAME alena Tubbett

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, Wilder Word) 4 COLOR OR RAGE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Office of the state of the	that I last saw har allys on Que 1/1/1 , 1913.
7 AGE It LESS than 1 day,hrs. orhrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Memoria
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Pulsan, Cocicin Secondary
10 NAME OF FATHER Clevard Wesley Tibber 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Si
of MOTHER Clara Rutaon 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Educated Wishing Trubbit	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Greens Dong 16 Filed Lug 12, 1913 Ruth Plummer. Local REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CULY 13, 191/3 29 UNDERTAKER TULLELUT GREENSON
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease gainfully employed, as At sehool or At home. Care who receive a defiuite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: But in many "Foreman," (7)

besis of lungs, ("Pneumonia." pneumonia"): Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Diphtheria (avoid use term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted fever (the only definite synouym is "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubereufever (never report "Typhoid "Epidemic cere-

> nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origiu; "Caumia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUNY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Couvulsions." "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT DNIONIB WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED

7. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
10897	CERTIFICATE OF DEATH
County A County	63
P	Registration Dist. No.
Village or City TEslace (No.	St.; Ward) [It death occurred in
	a hospital or Institution,
Tracel Sur	of street and oumber.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
MARKIED, WIDOWED, Level	(Month) (Day) (Year)
Feliale / - WIDOWED, Lecefe ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	191, 10
July 18 1912	nich aust Physicia.
(Month) (Day) Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 30 Pm.
yrs. mos, /3 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
9 OCCUPATION	A J
(a) Frade, protession, or narricular kind of work	Tabally Chalesa
particular king of work	Infauleur)
(b) General nature of Industry, business, or establishment lo	(Burnellan)
which amployed (or ampioyer)	(Duratioo) yrs. mes. ds.
9 BIRTHPLACE	(Secondary)
(State or country)	
10 NAME OF	(Maration) yrs mos ds.
FATHER Walle money	(Sigged) Wowen M. D.
O II BIRTHPLACE	Obes (2) 3 (Address) Tuality Hice
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	CAUSES state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Very Francis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	ON HEGERI RESIDENTS/
OF MOTHER (State or country)	At place lo the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
"/ Cett of rample	If oot at place of death?
(Intermant)	usual residence
(Address) TExtag	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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million a mis Chas B Hassion	20 UNDERTAKER ADDRESS
Filed Mag 7 , 1912 MISS J. MANNAN REGISTRAR	1. transfet y day Jal Of
If more blanks are newled, address State Registrer	A E Prentin St. Dalla Proposition V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, cic. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of the composition of the compositi

childbirth or miscarriage, as "Purpresal septichaecause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUEEPEEAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For VIO-

If this certificate is looked over thoroughly and all gnestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1913
BUREAU, V.S.

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Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

1 PLACE OF DEATH 10898

CERTIFICATE OF DEATH Registration Dist, No.....

STATE OF MARYLAND

FULL NAME Radie Turne	St; Ward) a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
GDATE OF BIRTH Grant date of Sirih unknown, (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from 18 DATE OF DEATH (Month) (Day) (Year) 19 O To Manual Deceased from 19 O To Manual Deceased
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 8-140-9 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. 2 mos. ds. Contributory (Secondary) (Quration) yrs. mos. O ds.
10 NAME OF FATHER LIGWAY & Carrion, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME CARRIETT Chickets 12 MAIDEN NAME CARRIETT Chickets	(Signed) M. D. (Signed) M. D. (Address) ! Tellevalsherry (State the Disease Causing Death, or, in deaths from Wolent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
Filed Aug 31. 1913 B 14 Lefterson REGISTRAR If more blanks are needed, address State Registrar, 6 E	19 PLACE OF BURIAL OR REMOVAL Bether Cerretery, Dest. 1913. 20 UNDERTAKER 5. T. Tramstom & Son, Tederalsburg.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement A PERMANENT stated EXACTLY. AGE should be UNFADING INK-THIS IS carefully supplied. GAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-Every item of information should be CAUSE OF

PLAGE OF			10899
County Carol	ine	2	
Village or City 129	r Smi	ithri	Ple (No.
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead

Frid.

DEDCOMAL AND STATISTICAL PURPOSE AND STATISTICAL PROPERTY OF PROPE
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
Married, Single, Married, White the word) 16 DATE OF DEATH Aug. 22", 1913 (Moth) (Day (Year)
6 DATE OF BIRTH 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That y attended decsased from 1913, to 1913, to 1913 (Month) (Day (Nur) that I last saw half alive on 1913, 1913
7 AGE If LESS than and that death occurred on the date stated above, at 10-20-P-m
yrs mos 2 2 ds OR min. ? The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) Trade, profession, or particular kind of work
(b) General nature of Industry, business, or establishment in which employed (or employer) (Duration) yrs mos 13
9 BIRTHPLACE (State or country) maryland, Contributory Secondary
10 NAME OF Taniel J. Williams (Signed) A albert & pooks, M. 1
11 BIRTHPLACE OF FATHER (State or country) 12 State the Disease Causing Death, or in deaths from Violen
(State or country) (Auses, state (1) Means of Injury; and (2) whether Accident that, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE OF RECENT RESIDENTS) In the of death yes mos ds. State yes mos
14 THE ABOVE IS THE TO THE BEST OF MY VACOUS STORY
(Informant) Janies J. 1038 Fiams If not at place of death? Former or usual residence.
(Address) Lederals burg. The Deplace of Burial or REMOVAL DATE OF BURIAL
Flied aug 23 1923 BK Jefferson 20 UNDERTAKER JODRESS JODRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; tion is very important, so that the relative healthfulgainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupathus: If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (sccondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection used not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from tctanus) (Recommendations on statement of may be stated under "Dropsy," "Exhaustion," the head For vio-

